

REQUEST FOR OUT-OF-STATE ACTION

To : Special Procedures Section,
Analysis and Legal

Date:

From: (Supervisor or Authorized Tax Rep. and Office)

A request is made to obtain a judgment and retain an attorney to enforce the judgment in the State of _____ . All California sources of collection have been exhausted.

- The statute for bringing this action expires _____, 19____, which is the later of:
(Circle 1 or 2)
 1. 6 years from the date of assessment
 2. The date that the recorded or filed lien expires (unless extended).
- The tax debtor was: (Circle 1 or 2)
 1. A resident of _____ County when the liability accrued; a lien has been recorded in that county;
 2. Not a resident; a lien was recorded with the Secretary of State.
- The collection file is attached, but the account has not been transferred. Special Procedures will make the appropriate transfer when the case is referred to the Attorney General.

I. INFORMATION FOR FILING THE COMPLAINT AND SERVICE OF PROCESS

A. Taxpayer: (Circle 1 or 2 and complete)

1. Individual(s) name:

2. Corporation Name:

Social Security Number of:
Husband:
Wife:

Corporation Number:

B. Process Agent Designated: Yes No

Name and Address:

Date of last check with Secretary of State:

C. Current Address:

How the address was established and the most recent date that it was confirmed:

D. At the time the liability occurred, the tax debtor was a:
(Circle one) resident/nonresident.

Date the taxpayer left California or circumstances surrounding requirement to file.

II. INFORMATION PERTAINING TO THE LIABILITY

A. Tax Year(s): _____
 Date return filed
 or assmt final: _____
 Type of assmt: _____
 If joint,
 spouse's name: _____
 Tax: _____
 Penalties: _____
 Interest: _____
 Costs: _____
 TOTALS _____

Attached sheets for additional tax years: Yes No

B. Summary of contacts (including automated notices, letters, and telephone contacts).

<u>DATE</u>	<u>TYPE OF CONTACT</u> <u>WRITTEN OR TELEPHONE</u>	<u>PURPOSE AND RESULTS</u>
-------------	---	----------------------------

C. Lien Information

<u>Tax Year(s):</u>	_____	_____	_____
<u>Name(s):</u>	_____	_____	_____
<u>Cert. No:</u>	_____	_____	_____
<u>Date filed</u> <u>or recorded:</u>	_____	_____	_____
<u>SOS or</u> <u>County</u>	_____	_____	_____
<u>Doc. No. or</u> <u>Book/Page</u>	_____	_____	_____

III. ENFORCEMENT INFORMATION - All California sources of collection must be exhausted.

A. Income Summary

(Circle One) Wages/Self-Employed

Employer address:

Business address:

Percentage of wages exempt from wage garnishment: _____

Other source of income; explain:

Monthly income: \$_____ (Circle one) Fixed/Fluctuates

Income was determined by: (Circle 1 or 2)

1. Attached financial statement

2. Other; explain.

B. Vehicle Information

Date of last check with DMV; printout attached:

Description of vehicle(s):

Legal owner and address:

Registered owner and address:

If joint or legal owners, the approximate amount of the taxpayer's equity:

\$_____

C. Real Property Information

(Circle 1, 2 or 3)

1. Rents residence

2. Owns Residence

3. Owns Rental(s)

Address of rental(s):

Property is owned: (Circle one) Sole/Joint Tenancy

Approximate taxpayer equity: \$_____

Information determined by:

CPM SECTION 4700

EXHIBIT C

Page 4 of 4

- D. Supporting Documents - the following are attached:
1. Copy of lien(s)
 2. Copy of assessments
 3. Copy of latest federal return
 4. Copy of latest return from current state
 5. Other applicable returns, i.e., corporation, partnership
 6. Out-of-State CBR
 7. Out-of-State DMV
 8. Dun and Bradstreet report if a corporation is at issue.

If any of the above is not attached, please explain.